

## Consent and Limits of Confidentiality – Form F

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This is an independent psychological examination for a civil proceeding or criminal case. No doctor-patient relationship will be formed, nor will any advice or response to questions about diagnoses or treatment matters be provided. You are free to refuse to answer any questions you choose or to terminate this evaluation whenever you wish.

The materials used during this evaluation are protected under copyright laws. Making any recording or record of test items or answers is prohibited.

Some questions asked during this evaluation may touch on personal and sensitive matters. Dr. Pinkston and his staff do not wish to cause any discomfort; they are simply carrying out necessary professional tasks associated with this evaluation. Even though some of the subject matter discussed may not appear to be directly relevant, you agree to cooperate with the evaluation to the best of your ability.

- **I understand that I am expected to give honest and accurate answers.**
- **I understand that I am expected to do my best during this evaluation.**
- **If I become unable to do my best, I will immediately tell Dr. Pinkston or his staff.**

I understand that whatever I say during this evaluation may later be the subject of inquiry. I understand that Dr. Pinkston is required to notify appropriate authorities if he knows of or suspects that a child or vulnerable person is being abused or neglected, or if he has reason to believe that I may harm myself or others.

I understand that if a report is generated as a result of this evaluation it will be forwarded to a representative of the organization requesting the evaluation or an attorney or his/her designate. Further disclosure or dissemination of any aspect of that report will be the responsibility of the recipient of the report or his/her designate. I understand that Dr. Pinkston may be required to testify in a court of law about the results of this evaluation and his opinions.

*Having read, or been read, and understood the above, I provide my signature in agreement.*

\_\_\_\_\_  
Examinee Date

\_\_\_\_\_  
Parent/Legal Guardian Date

***By signing above I certify that I am a legal guardian of the examinee and have full legal rights to authorize this evaluation.***

\_\_\_\_\_  
Witness Date

Rev. 09.09.17